

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILED DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | |
|--------------|----------|-----|---------------------|-----|---------------------|-----|
| | IND | DEP | IND | DEP | IND | DEP |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
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| 5 | | | | | | |
| 6 | | | | | | |
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| 8 | | | | | | |
| 9 | | 3 | | | | |
| 10 | | 2 | | | | |
| 11 | | 1 | | | | |
| 12 | 1 | | | | | |
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| 17 | | | | | | |
| 18 | | | | | | |
| 19 | | | | | | |
| 20 | | 3 | | | | |
| 21 | | 2 | | | | |
| 22 | | 1 | | | | |
| 23 | 1 | | | | | |
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| 29 | | | | | | |
| 30 | | | | | | |
| 31 | | 2 | | | | |
| 32 | | 2 | | | | |
| 33 | | | | | | |
| 34 | 1 | | | | | |
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| 36 | | | | | | |
| 37 | | | | | | |
| 38 | | | | | | |
| 39 | | | | | | |
| 40 | | | | | | |
| 41 | | 3 | | | | |
| 42 | | 2 | | | | |
| 43 | | 1 | | | | |
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| TOTAL IND. | 4 | | | | | |
| TOTAL DEP. | 12 | | | | | |
| TOTAL CLAIMS | 16 | | | | | |

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| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | |
|--------------|----------|-----|---------------------|-----|---------------------|-----|
| | IND | DEP | IND | DEP | IND | DEP |
| 51 | | | | | | |
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| 100 | | | | | | |
| TOTAL IND. | | | | | | |
| TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | | | | | | |